



THIRD PARTY INSPECTIONS RESPONSIBLE PARTY DESIGNATION FORM

Division of Zoning, Permitting & Inspections
Fauquier County Department of Community Development
29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 347-8646
Facsimile: 347-2043

Building Permit # _____ Property Owner: _____

I hereby seek designation as the Responsible Party for Third Party Inspections for the above referenced project. I acknowledge that I have received, read and understand the Fauquier County ***Third Party Inspection Policy, Procedures and Qualifications Document***. I agree to be the Responsible Party as described under that policy. As the Responsible Party, I acknowledge that I am responsible for:

- Hiring only Fauquier County Approved Agencies for Third Party Inspections for any third-party inspections; and
- Maintenance of an inspections log, including all inspections reports, on site at a pre-determined location when I am not present on the job site.

Name of Responsible Party (print): _____

Title: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____